2009 Tufts Health Plan Medicare Preferred				
Enhanced Drug Coverage for Group Members				
* Drug Name	** Coverage Status	PA (applies)	Dispensing Limitation (if any)	
Alcortin	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.		•	
Amidrine	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Anucort-HC	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Belladonna with phenobarbital	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Bellamine-S	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
benzonatate (Tessalon)	Group members are covered for this drug.			
Bravelle	Group members are covered for this drug.	Yes		
carisoprodol (Soma)	Group members are covered for this drug.			
carisoprodol/aspirin (Soma compound)	Group members are covered for this drug.			
Caverject	Group members are covered for this drug.	<b>\$</b> 7		
Cetrotide	Group members are covered for this drug.  Group members are covered for this drug.	Yes		
chlorpropamide (Diabinese) chlorzoxazone (Parafon Forte)	•			
chorionic gonadotropin	Group members are covered for this drug.  Group members are covered for this drug.			
Cialis	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.		4 tablets/30 days	
clomiphene (Serophene)	Group members are covered for this drug.			
Cough & Cold Preparations	Group members are covered for this drug.			
Crantex HC	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
cyanocobalamin injection (B <sub>12</sub> )	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
cyproheptadine	Group members are covered for this drugall non-group members must request exception for coverage		_	
DHT	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
dicyclomine (Bentyl)	Group members are covered for this drugall non-group members must request exception for coverage			

PA = Prior Authorization

<sup>\*</sup> Brand name drugs capitalized Generic drugs not capitalized

 $<sup>\</sup>ast\ast$  TrOOP and LICS see page 4

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* Drug Name	** Coverage Status	PA (applies)	Dispensing Limitation (if any)	
Donnatal	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Duradrin	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Edex	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
ergocalciferol (D <sub>2</sub> ) (Drisdol)	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Estratest HS	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
folic acid	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Follistim AQ	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.	Yes		
Ganirelix	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Gonal-F ampule	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.	Yes		
Gonal-F RFF 75U	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.	Yes		
Hemorrhoidal HC	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
isomethheptene mucate/dichlorophenazone/ acetaminophen (Midrin, Duradrin)	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
ketorolac oral & injection (Toradol)	Group members are covered for this drug.			
Levitra	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.		4 tablets/30 days	
Luveris	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.	Yes		

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<sup>\*\*</sup> TrOOP and LICS see page 4

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Enhanced Drug Coverage for Group Members				
* Drug Name	** Coverage Status	PA (applies)	Dispensing Limitation (if any)	
meperidine (Demerol)	Group members are covered for this drugall non-group members must request exception for coverage			
Mephyton	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Meridia	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.	Yes		
methocarbamal (Robaxin)	Group members are covered for this drug.			
Midrin	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Migrazone	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Migrin-A	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
MUSE	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Nascobal	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Nephrocap	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Novacort	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
orphenadrine/aspirin/caffeine (Norgesic Forte)	Group members are covered for this drug.			
orphenadrine/aspirin/caffeine (Norgesic)	Group members are covered for this drug.			
Ovidrel	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.	Yes		
oxaprozin (Daypro)	Group members are covered for this drug.			
pentazocine/naloxone (Talwin NX)	Group members are covered for this drug.			
Pergonal	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			

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Enhanced Drug Coverage for Group Members				
* Drug Name	** Coverage Status	PA (applies)	Dispensing Limitation (if any)	
Pramosone	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Proctosert HC	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Repronex	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.	Yes		
Syntest HS & DS	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Tandem F	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
ticlopidine (Ticlid)	Group members are covered for this drug.			
trimethobenzamide (Tigan)	Group members are covered for this drug.			
Viagra	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.		4 tablets/30 days	
Vitamins/Supplements (except pre-natal and fluoride preparations)	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.			
Xenical	Group members are covered for this drug but there is no accumulation to TrOOP or Drug Total. LICS co-pays will not apply.	Yes		

\*\* Troop - When a member purchases a covered prescription medication, two payments are actually being made: the payment the member pays out of pocket for the drug, and the payment your plan pays for the drug. What the member pays is called "true out-of-pocket" costs, or "Troop." The Troop will be equal to the amount the member pays out of pocket for the drugs.

<u>Low Income Cost Sharing</u> - Assistance available to certain low income Medicare members to pay all or part of their costs of enrolling in Part D.

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